

FAMILY & FAMILY GROUP LICENSE ANNOUNCED INSPECTION

Date: _____

Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Notes: _____

√	LEVEL	R430-90-	KEY WORDS	NOTES
	1	430-3-9(1)(e)	allow access to facility to ascertain rule compliance	
PARENT AREA - OBSERVATION				
	1,2	8(4)	attendance record	
	2,3	19(5)(b)	approved menu	
	2,3	19(5)	meals and snacks every 3 hours	
	3	19(5)(a)	current week's menu posted with substitutions	
	3	19(5)(c)	different menu each day menus may be cycled	
	3	430-2-10(2)	post license	
	3	430-2-9(1)	license reflects changes	
	3	430-2-4(6)	no foster care license	
CHILDREN'S INDOOR AREA - OBSERVATION				
	1	5(3)	care giver on-site care and supervision of children	
	1	5(3)(a)	awareness of activities near enough to intervene	
	1,2,3	9(1)	TABLE 1 Family Minimum Care Giver to Child Ratios Ratios Mixed ages 1:8 No more than 2 under age 2 1:6 No more than 3 under age 2 TABLE 2 Family Group Minimum Care giver to Child Ratios Ratios Mixed ages 1:12 All school-aged with maximum of 16 2:9-16 No more than 4 under age 2 with maximum of 20	
	1,2,3	9(1)(b)	2 care givers in FG when more than 8 children or more than 2 infants	

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	1,2,3	9(1)(c)	maximum group size	
	1,2,3	430-2-4(4)(c)	maximum capacity	
	1	15(4)	firearms or other weapons	
	1	15(7)	fireplaces, open-face heaters, wood burning stoves, portable space heaters	
	1,2	12(2)	35 square feet per child	
	1	15(1)	maintain spaces, toys, equipment: ___ insecticides ___ pesticides ___ flammable liquids (gasoline, kerosene, paint thinner, motor oil, turpentine) ___ bleach ___ household cleaners ___ nail polish remover ___ rubbing alcohol ___ sharp objects ___ broken toys ___ empty plastic bags (Level 3 unless child is observed playing with an empty bag large enough for a child's head to fit inside, then Level 1) ___ screwdrivers	
	1,2,3	17(6)	equipment, fixtures, and furnishings safe and in good repair	
	1,2	15(13)	lead-based paint	
	2	15(2)	appropriate infant and toddler toys	
	2	15(12)	strings and cords	
	2	15(14)	no walkers with wheels	
	2	16(4)	two exits leading to an open space at ground level	
	2	16(4)	basement - at least one exit at ground level	
	2	16(4)	fire extinguishers and smoke detectors	
	2,3	17(1)	insects, rodents, vermin	
	2,3	17(2)	adequate housekeeping	
	2,3	17(4)	temperature 72-85 degrees infants - 70 degrees at floor level	
	2	15(5)	electrical outlets	
	2	12(1)	sufficient supplies	

√	LEVEL	R430-90-	KEY WORDS	NOTES
<i>CHILDREN'S INDOOR AREA - QUESTIONS</i>				
	1	5(3)(b)	How often do you check on sleeping children?	
	1	9(1)(a)	Which of your own children are included in ratios?	
	2	14(5)	How often do you clean and sanitize equipment and toys?	
	2	14(5)(a)	Are your stuffed animals machine washable? How often are they washed?	
	2	14(5)(b)	How often are infant toys cleaned and sanitized?	
<i>DIAPERING AREA - OBSERVATION</i>				
	1	14(2)(b)	not in food area	
	2,3	14(2)(a)	diapering surface clean, smooth, washable, non-absorbent	
	2,3	14(2)(c)	lined container with lid or diapers taken outside	
<i>DIAPERING AREA - QUESTIONS</i>				
	1	14(2)(a)	How often do you sanitize the diapering surface?	
	3	14(2)(c)	How often do you clean and sanitize the inside of the diaper container?	
<i>SLEEP AREA - QUESTIONS</i>				
	1	15(15)	Where do infants sleep? How do you lay an infant down to sleep?	
	2	17(5)	How often do you clean and sanitize children's sleeping equipment?	

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BATHROOM - OBSERVATION				
	1,2	15(11)	hot water not over 120 degrees	
	3	14(7)	single-use paper towels or individually labeled cloth towels washed daily	
BATHROOM - QUESTION				
	3	14(7)	If individually labeled cloth towels are used, how often are they washed?	
FIRST AID KIT & BODILY FLUIDS CLEAN-UP KIT - OBSERVATION				
	2,3	14(1)(a)	portable blood and bodily fluid clean-up kit	
	3	16(6)	first-aid kit	
	3	14(1)(c)	latex gloves	
FIRST AID KIT AND BODILY FLUIDS CLEAN-UP KIT - QUESTION				
	2	14(1)(b)	Where is the bodily fluids clean-up kit? When and how do you use the kit?	
KITCHEN - OBSERVATION				
	1	15(3)	high chair safety straps	
	3	19(2)(c)	baby food refrigerated after opening, marked with date and time of opening	
	3	19(2)(b)	label food brought by parents for individual child	
KITCHEN - QUESTIONS				
	3	19(4)	On what do you serve children's food?	
	3	19(2)(c)	How long do you keep baby food that has been opened and not consumed?	
	3	19(2)(a)	Do parents bring in food for all of the children? Is this food home-made or commercially prepared?	
	3	19(2)(d)	How long do you keep formula and breast milk after a feeding or initiating a feeding?	

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TELEPHONE - OBSERVATION				
	1	16(5)	working order	
	2	16(5)	post emergency numbers	
TELEPHONE - QUESTION				
	2	16(5)	How do you keep Licensing informed of you current phone number?	
CHEMICALS - OBSERVATION				
	1	15(6)	stored away from children in original container or labeled container	
MEDICATIONS - OBSERVATION				
	1,2	10(6)(f)	secured from children	
	1,2	10(6)(g)	storage of refrigerated medications	
	1	10(6)(b)	original or pharmacy container, original label, written instructions	
	2	10(6)(b)	child's name, child proof cap,	
	1,2	10(6)(c)	medication release form:	
	1,2	10(6)(c)(i)	name of medication	
	1,2	10(6)(c)(ii)	dosage	
	1,2	10(6)(c)(iii)	route of administration	
	1,2	10(6)(c)(iv)	times and dates to be administered	
	1,2	10(6)(c)(v)	illness or condition	
	1,2	10(6)(c)(vi)	parent signature	
	3	10(6)(d)	medication record:	
	3	10(6)(d)(i)	time, date, and dosage	
	3	10(6)(d)(ii)	signature or initials of care giver who administered medication	
	3	10(6)(d)(iii)	errors in administration or adverse reactions	
	3	10(6)(h)	return unused or out-of-date medications	

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MEDICATION - QUESTIONS				
	1	10(6)(e)	What would you do in the event of an adverse reaction to a medication or an error in a medication's administration?	
	1,3	10(6)(a)	Who is designated to administer medication?	
	1	10(6)(a)(i)	Does that designated person: check labels for the child's name?	
	1	10(6)(a)(ii)	read directions concerning doses, frequency, expiration date, and administration guidelines?	
	3	10(6)(a)(iii)	properly document administration of medications?	
ANIMALS - OBSERVATION				
	1	18(1)(c)	not dangerous or aggressive	
	1,3	18(1)(a)	clean and in good health	
ANIMALS - QUESTIONS				
	2	18(3)	How are parents informed of animals in your home?	
	2	18(4)	Do children handle reptiles?	
	3	18(2)	Who is responsible for the cleaning of animals, cages, pens or equipment? Where does this cleaning take place?	
OUTSIDE AREA - OBSERVATION				
	1	15(8)	equipment on soft material or grass	
	1	15(9)	water hazards	
	1,2,3	12(3)	40 square feet per child	
	1	12(3)(a)	gaps no more than 3 ½ inches	
	1,2	12(3)(a)	four feet high fence	

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	1	15(1)	maintain spaces, toys, equipment: <input type="checkbox"/> raised decks or balconies without railings <input type="checkbox"/> open basement stairwells with no railing <input type="checkbox"/> insecticides <input type="checkbox"/> pesticides <input type="checkbox"/> lawn products <input type="checkbox"/> flammable liquids (gasoline, kerosene, paint thinner, motor oil, turpentine) <input type="checkbox"/> bleach <input type="checkbox"/> household cleaners <input type="checkbox"/> nail polish remover <input type="checkbox"/> rubbing alcohol <input type="checkbox"/> sharp objects - sharp tools, machine or farm equipment with exposed sharp edge or blade or point that could puncture skin, boards with exposed nail ends, broken glass, barbed wire, broken toys with sharp or pointed edges <input type="checkbox"/> window wells, fire pits or other holes more than 24" deep without a cover <input type="checkbox"/> refrigerators or freezers that children can get inside of <input type="checkbox"/> welding torches <input type="checkbox"/> empty plastic bags large enough for a child's head to fit inside <input type="checkbox"/> motor vehicles up on blocks <input type="checkbox"/> wood with splinters <input type="checkbox"/> animal waste - not isolated bird droppings <input type="checkbox"/> exposed live electrical wire <input type="checkbox"/> indoor (thin) electrical extension cords not in use <input type="checkbox"/> rope, wire, or other strangulation hazards long enough to encircle a child's neck <input type="checkbox"/> hanging ropes or cords not attached to a swing <input type="checkbox"/> unstably stacked wood piles <input type="checkbox"/> unstable unanchored heavy equipment <input type="checkbox"/> rotting garbage not in a container with a lid <input type="checkbox"/> poison ivy or oak, stinging nettle, oleander, mushrooms, toadstools <input type="checkbox"/> beehives, yellow jacket or hornet nests, red ant hills <input type="checkbox"/> dead animals <input type="checkbox"/> filled milk or slop buckets <input type="checkbox"/> unattended running vehicles or from equipment <input type="checkbox"/> standing ladders <input type="checkbox"/> playground equipment that is broken or has loose or missing parts <input type="checkbox"/> unstably stacked bales of hay or straw <input type="checkbox"/> screwdrivers	
	1,2	17(3)	entrances, exits, steps, walkways	
	2,3	12(3)(b)	shaded area	

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<i>OUTSIDE AREA - QUESTION</i>				
	1,2	12(3)(b)	How do ensure that children have access to drinking water?	
<i>VEHICLE - OBSERVATION</i>				
	1	13(2)(b)	safety restraints	
	2	13(2)(c)	enclosed	
	3	13(2)(a)	first-aid and body fluid clean-up kits	
	3	13(1)	clean and safe	
<i>VEHICLE - QUESTIONS</i>				
	1	13(3)	Is smoking allowed while transporting children?	
	1	13(5)	If you must leave the vehicle, what do you do?	
	2	13(2)(d)	Are doors locked or unlocked during transport?	

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<i>CARE GIVER RECORDS</i>							
Household members over 12:				1	2	3	4
	1	430-6(5)(3)	cleared BCIs				
	3	8(3)(a)	documentation of cleared BCIs				
	3	8(3)(b)	initial health evaluations				
	3	8(3)(b)	results of TB screening				
	3	8(3)(d)	First Aid and CPR				
	3	6(1)	documentation of orientation training				
	3	6(6)	20 hrs of annual training 10 hrs person-to-person				
	3	6(7)	annual training records:				
	3	6(7)(a)	training date				
	3	6(7)(b)	training topic				
	3	6(7)(c)	trainer's name and organization				
	3	13(1)	current vehicle registration insurance for child care transportation safety inspection				
	3	13(4)	current driver's license				
<i>RECORDS -QUESTIONS</i>							
	1	430-6-5(3)	Did you submit BCIs for everyone in the home who is 12 or older? Has anyone moved into your home or turned 12 since your last inspection. If so, have you submitted a BCI?				
	2	6(3)	Do care givers left alone with children have current First Aid and CPR?				

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	2,3	6(1)	Have care givers who have direct contact with children completed orientation training including:	
	2	6(1)(a)	procedures for health and safety & handling emergencies & accidents?	
	2	6(1)(c)	discipline procedures?	
	2	6(1)(d)	reporting abuse, neglect?	
	2	6(1)(e)	releasing children?	
	3	6(1)(b)	job responsibilities?	
	2	6(4)	Does annual training for all care givers include:	
	2	6(4)(a)	hand washing/sanitation?	
	2	6(4)(b)	good nutrition?	
	2	6(4)(c)	administration of medications?	
	2	6(4)(d)	exclusion for illness?	
	2	6(4)(e)	accident prevention?	
	2	6(4)(f)	positive guidance?	
	2	6(4)(g)	child development?	
	2	6(4)(h)	age appropriate activities?	
	2	6(5)	If infants or toddlers are in care, does the annual training include:	
	2	6(5)(a)	preventing Shaken Baby?	
	2	6(5)(b)	coping with crying babies?	
	2	6(5)(c)	preventing SIDS?	
	3	6(8)	Have all care givers received a TB screening?	

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CHILDREN'S RECORDS											
<div> <div>SAMPLE</div> <div> <div>Total #</div> <div>Review</div> <div>missing</div> <div>15</div> <div>12</div> <div>10</div> <div>8</div> <div>6</div> </div> <div>PERCENTAGES</div> </div> <div> <div>1-6</div> <div>all</div> <div>1</div> <div>93%</div> <div>92%</div> <div>90%</div> <div>88%</div> <div>83%</div> </div> <div> <div>7-12</div> <div>6</div> <div>2</div> <div>87%</div> <div>83%</div> <div>80%</div> <div>75%</div> <div>67%</div> </div> <div> <div>13-20</div> <div>8</div> <div>3</div> <div>80%</div> <div>75%</div> <div>70%</div> <div>63%</div> <div>50%</div> </div> <div> <div>21-40</div> <div>10</div> <div>4</div> <div>73%</div> <div>67%</div> <div>60%</div> <div>50%</div> <div>33%</div> </div> <div> <div>41-60</div> <div>12</div> <div>5</div> <div>67%</div> <div>58%</div> <div>50%</div> <div>38%</div> <div>16%</div> </div> <div> <div>61-80+</div> <div>15</div> <div>6</div> <div>60%</div> <div>50%</div> <div>40%</div> <div>25%</div> <div>0%</div> </div>				1	2	3	4	5	6	7	8
Child's date of birth											
	2	8(1)	admission agreement:								
	2	8(1)(a)	child's full name/nickname								
	2	8(1)(b)	parent's name, address, phone								
	2	8(1)(c)	name, address, phone # of emergency people								
	2	8(1)(d)	name, address, phone # of doctor and dentist								
	3	10(1)	proof of immunizations								
	3	10(4)	health history:								
	3	10(4)(a)	allergies and sensitivities								
	3	10(4)(b)	illness, disability, condition								
	3	10(4)(c)	routine care								
	3	10(4)(d)	emergency care								
	3	10(5)	annually review and update of child's health history								
	3	8(2)(c)	injury, accident, incident reports								

✓	LEVEL	R430-90-	KEY WORDS	NOTES							
CHILDREN'S RECORDS											
<div> <div>SAMPLE</div> <div> <div>Total #</div> <div>Review</div> <div>missing</div> <div>15</div> <div>12</div> <div>10</div> <div>8</div> <div>6</div> </div> <div>PERCENTAGES</div> </div> <div> <div>1-6</div> <div>all</div> <div>1</div> <div>93%</div> <div>92%</div> <div>90%</div> <div>88%</div> <div>83%</div> </div> <div> <div>7-12</div> <div>6</div> <div>2</div> <div>87%</div> <div>83%</div> <div>80%</div> <div>75%</div> <div>67%</div> </div> <div> <div>13-20</div> <div>8</div> <div>3</div> <div>80%</div> <div>75%</div> <div>70%</div> <div>63%</div> <div>50%</div> </div> <div> <div>21-40</div> <div>10</div> <div>4</div> <div>73%</div> <div>67%</div> <div>60%</div> <div>50%</div> <div>33%</div> </div> <div> <div>41-60</div> <div>12</div> <div>5</div> <div>67%</div> <div>58%</div> <div>50%</div> <div>38%</div> <div>16%</div> </div> <div> <div>61-80+</div> <div>15</div> <div>6</div> <div>60%</div> <div>50%</div> <div>40%</div> <div>25%</div> <div>0%</div> </div>				9	10	11	12	13	14	15	16
Child's date of birth											
	2	8(1)	admission agreement:								
	2	8(1)(a)	child's full name/nickname								
	2	8(1)(b)	parent's name, address, phone								
	2	8(1)(c)	name, address, phone # of emergency people								
	2	8(1)(d)	name, address, phone # of doctor and dentist								
	3	10(1)	proof of immunizations								
	3	10(4)	health history:								
	3	10(4)(a)	allergies and sensitivities								
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	3	8(2)(c)	injury, accident, incident reports								

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<i>OTHER RECORDS</i>				
	1	430-6(5)(1)	renewal BCI clearances	
	1,3	18(1)(b)	current rabies record	
	1,2,3	16(1)	emergency and disaster plan	
	1,2,3	16(3)	fire and disaster drills	
	2	11(4)	use and accessibility of tobacco, alcohol, illegal substances, sexually explicit materials	
	3	430-3-14(5)	copies of approved variances	

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QUESTIONS				
	1	430-6-4(1)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, did you obtain a written and signed statement attesting that person has not been convicted or a felony or misdemeanor or have s supported finding with DHS?	
	1	430-6-4(2)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, did that person count in ratios?	
	1	430-6-4(3)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, how did you ensure that person had minimum contact with the children?	
	1	430-6-6(7)	Have you or any covered individuals been arrested, charged or convicted or a crime?	
	1	7(3)	What type of discipline cannot be used?	
	1	7(3)(a)	corporal punishment	
	1	7(3)(b)	restraint by binding or tying	
	1	7(3)(c)	abusive demeaning or profane language	
	1	7(3)(d)	force or withdrawing food, rest or bathroom	
	1	7(3)(e)	confining a child in a locked room	
	1,2	11(1)	What is your procedure for checking the authorization of people picking up the children?	
	1	12(5)	Do you take the children swimming? If so, do you stay with the children? Do you count pool personnel in ratios?	
	1,2,3	14(6)	When and how do you wash your hands and the children's hands?	

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	1,2,3	16(2)	What is your emergency plan for a missing child or a death or a serious injury to a child?	
	2	5(4)	Are children in care allowed to go to a neighbor's home or other off-site activities? If yes, how do you obtain parental permission and how do you ensure the child's whereabouts and supervision?	
	2	19(7)	How do you feed an infant who can not yet sit up and hold his own bottle?	
	2	5(5)	What is the minimum age for your substitute care givers?	
	2	6(2)	What are your minimum care givers qualifications?	
	2	10(2)	What is your practice when a child becomes ill while in your care?	
	2	10(3)	How do you handle communicable illnesses?	
	2	11(2)	Is your home accessible and open to parents of children in care?	
	2	12(6)	What is the longest time you can confine an awake infant in a piece of equipment?	
	2	19(6)	Are any children on special diets, formula, breast milk, or food supplements? How do you handle this?	
	2	5(1)(a)	Are you at least 18 years old?	
	2	5(1)(b)	Do you have HS diploma or GED?	
	2	5(1)(c)	Do you know applicable laws and rules?	
	3	11(6)	How do you notify Licensing if you need to activate emergency treatment providers? if you have a fatality? if a child in care requires hospitalization?	

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	3	12(4)	How do you obtain parental permission for off-site activities? How do you take emergency phone numbers with you?	
	3	14(3)	How do you handle clothing that becomes soiled by fecal material or urine?	
	3	14(4)	How do you ensure that personal hygiene items are not shared?	
	3	11(5)	If a child becomes seriously injured while in care, how and when do you contact the parent?	
	3	430-2-8(1)	Has your ownership or controlling interest changed?	

Last Updated 4/24/08